

**Johnson, Tina R.**

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**From:** Johnson, Tina R.  
**Sent:** Friday, May 20, 2016 3:46 PM  
**To:** Hartsell, Hank  
**Subject:** FW: HB 2797 information discussed and requested  
**Attachments:** HB2797 CCS.pdf

I didn't see you listed on this but thought you needed to see it.

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**From:** Kimble, L. Carter  
**Sent:** Friday, May 20, 2016 3:19 PM  
**To:** Marshall, Joyce Y.; Cox-Kain, Julie  
**Cc:** Johnson, Tina R.; Hann, Neil E.  
**Subject:** RE: HB 2797 information discussed and requested

This is the latest bill that includes the language about available funding.

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**From:** Marshall, Joyce Y.  
**Sent:** Friday, May 20, 2016 2:24 PM  
**To:** Cox-Kain, Julie <[Juliek@health.ok.gov](mailto:Juliek@health.ok.gov)>  
**Cc:** Johnson, Tina R. <[TinaJ@health.ok.gov](mailto:TinaJ@health.ok.gov)>; Hann, Neil E. <[Neil@health.ok.gov](mailto:Neil@health.ok.gov)>; Kimble, L. Carter <[CarterK@health.ok.gov](mailto:CarterK@health.ok.gov)>  
**Subject:** RE: HB 2797 information discussed and requested

No, only the information I forwarded you, along with the earlier information on teen births, data, and programs was requested by, and provided to Carter. It was my understanding a fiscal impact was not further requested due to the way the bill language was worded, and the inability to carry forward the proposed actions as referenced.



**Joyce Marshall, MPH**  
*Director*  
*Maternal and Child Health Service*



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**From:** Cox-Kain, Julie  
**Sent:** Friday, May 20, 2016 2:13 PM  
**To:** Marshall, Joyce Y.  
**Cc:** Johnson, Tina R.; Hann, Neil E.  
**Subject:** RE: HB 2797 information discussed and requested

Ok, but no fiscal impact?

Julie Cox-Kain, MPA  
Deputy Secretary of Health and Human Services  
Senior Deputy Commissioner  
Oklahoma State Department of Health  
(405)271-4200

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**From:** Marshall, Joyce Y.  
**Sent:** Friday, May 20, 2016 1:47 PM  
**To:** Cox-Kain, Julie  
**Cc:** Johnson, Tina R.; Hann, Neil E.  
**Subject:** FW: HB 2797 information discussed and requested  
**Importance:** High

Hi Julie,

We have had had grave concerns in relation to this bill for last couple months. In regard to your question, the following information is what was requested and provided to Carter, along with information in relation to teen births, data, and program successes requested earlier.

The attached and below information was provided in relation to Carter's request for information on proposed HB 2797. We also discussed, at length, that it was not possible to carry out the provisions of this bill as there is not a way to know and keep updated a list/form geographically of every individual organization that assists a woman through pregnancy, upon childbirth, and while the child is dependent (including a large number of faith-based and community-based organizations) who have no requirement to inform the health department with this information. Additionally, we cannot provide the information in the manner requested in this bill (at least from our area) without jeopardizing Title X funding.

Let me know if you have any further questions or anything further is desired/needed.



**Joyce Marshall, MPH**  
*Director*  
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**From:** Marshall, Joyce Y.  
**Sent:** Wednesday, April 06, 2016 5:28 PM  
**To:** Kimble, L. Carter  
**Cc:** Johnson, Tina R.; Hann, Neil E.  
**Subject:** FW: HB 2797 information discussed and requested  
**Importance:** High

Hi Carter,

As per our discussion, and for your information, I have included various items for your review and to utilize as you feel best in current climate with policymakers on the latest HB 2797 bill version. If you need any of it

put together in a particular format, let me know and I will work with staff to complete.

As we discussed, there is currently not a means to capture the information requested in the latest bill version as we do not have information that gives us all entities that may discuss pregnancy options/counseling within our state, nor do we have a listing of the number of restrooms in all public facilities. Additionally, if we were to follow the current bill proposal, we would jeopardize current federal funding as delineated below.

The 1st attachment is the Program Requirements for Title X Family Planning but here is the excerpt that relates to the information we must provide to receive funds (currently approximately \$3,839,000 annually) from the Federal Title X Program.

Section 9.11

Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the

following options:

- prenatal care and delivery;
- infant care, foster care, or adoption; and
- pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

The following attachments are examples of approved pregnancy choices brochures and community resources listings provided to county health department clients upon request and/or need presented. The 2<sup>nd</sup> document is a pregnancy options brochure from Comanche County. Other counties have similar brochures to meet Title X requirements as includes all options. Additionally, we have one that also includes Gladney Center under Adoptions listing that I can forward you if desired as understand they may be involved in this legislation? It is being utilized in some of Jay's counties.

The third and fourth attachments are OB/GYN and a SoonerCare Providers Directory listing from Comanche County and the 5th attachment is an example of community resource documents that are provided to clients based upon need and most requested resources from Carter County. These are examples only and other counties have similar resource brochures and listings.

Also, FYI, some of the information required in the language for this bill is already available and providers are required to share the information found at <http://www.awomansright.org/>. Below is a brief excerpt from the site:

Click the following links:

[Adoption Agencies](#)

[Domestic Violence/Sexual Assault Agencies](#)

[The Oklahoma Department of Human Services \(DHS\)](#)

[Oklahoma Health Department](#)

[Maternity Homes](#)

[Pregnancy Resource Centers](#)

[Additional Agencies](#)

[\(WIC\) Supplemental Nutrition Program for Women, Infants, and Children](#)

[Free Ultrasound Imaging/Heart Tone Monitoring](#)

The Woman's Right to Know Resource Directory lists the following public and

private agencies and the services they offer that will assist you through pregnancy, upon childbirth, and while your child is still dependent. Look for the services that are available in the county where you live or the county where you would like to receive services. Some of these agencies and their programs have special eligibility requirements, so contact the agency you are interested in to see if you qualify for services.

Additionally, similar language to the main language of this document is also found in the current statute below. It is similar (see highlighted text) except responsibility was given to the State Board of Medical Licensure and Supervision and it goes into additional language that was in the original proposed bill.

### **63 § 1-738.3. Publication and Availability of Printed Informational Materials**

A. Within one hundred twenty (120) days of the effective date of this act, the State Board of Medical Licensure and Supervision shall cause to be published, in English and in Spanish, and shall update on an annual basis, the following printed materials in such a way as to ensure that the information is easily comprehensible:

1. a. geographically indexed materials designed to inform the woman of public and private agencies, including adoption agencies and services that are available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including:

(1) a comprehensive list of the agencies available,

(2) a description of the services they offer, including which agencies offer, at no cost to the pregnant woman, ultrasound imaging that enables a pregnant woman to view the unborn child or heart tone monitoring that enables the pregnant woman to listen to the heartbeat of the unborn child, and

(3) a description of the manner, including telephone numbers, in which they might be contacted, or

b. at the option of the Board a toll-free, twenty-four-hour-a-day telephone number which may be called to obtain, in a mechanical, automated, or auditory format, a list and description of agencies in the locality of the caller and of the services they offer; and

2. a. materials designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from the time when a woman can be known to be pregnant to full term, including:

(1) any relevant information on the possibility of the survival of the unborn child, and

(2) pictures or drawings representing the development of unborn children at two-week gestational increments, provided that the pictures or drawings shall describe the dimensions of the unborn child and shall be realistic and appropriate for the stage of pregnancy depicted,

b. the materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages, and

c. the material shall also contain objective information describing:

(1) the methods of abortion procedures commonly employed,

(2) the medical risks commonly associated with each of those procedures,

(3) the possible detrimental psychological effects of abortion and of carrying a child to term, and

(4) the medical risks commonly associated with carrying a child to term.

B. 1. The materials referred to in subsection A of this section shall be printed in a typeface large enough to be clearly legible.

2. The materials required under this section shall be available at no cost from the State Board of Medical Licensure and Supervision and shall be distributed upon request in appropriate numbers to any person, facility, or hospital.

Let us know if there is anything else needed.

Best,